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APPLICATION NO. FILING DATE		ING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/515,717	02/29/2000		Binh T. Nguyen	IGT1P030/P-282	1099
22434	7590	11/26/2002			
BEYER W	EAVER &	t THOMAS LLP	EXAMINER		
P.O. BOX 7 BERKELEY	-	04-0778		SAGER, MA	ARK ALAN
				ART UNIT	PAPER NUMBER
				3714	
				DATE MAILED: 11/26/2002	!

Please find below and/or attached an Office communication concerning this application or proceeding.

	File	SM
-1:		

Interview Summary	Inte	rview	Summa	9 <i>/</i> \
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Application No. **09/515,717**

Applicant(s)

Nguyen

Examiner

Sager

Art Unit **3714**

All participants (applicant, applicant's representative, PTO	personnel):
(1) Sager	(3)
(2) Mr. D. Olynick (48615)	(4)
Date of Interview Nov 22, 2002	_
Type: a) ☒ Telephonic b) ☐ Video Conference c) ☐ Personal [copy is given to 1) ☐ applicant	2) applicant's representative]
Exhibit shown or demonstration conducted: d) \(\subseteq \text{Yes} \)	e) 🛛 No. If yes, brief description:
Claim(s) discussed: proposed amended claims 1, 21, 24 a	nd 35, attached
Identification of prior art discussed: Kelly	
Council requested an after final interview to assert patental consistent with remarks provided in last official action so a proposed language fails to preclude a series of plays such teachings. Council asked for suggested language and examand for each play fails to preclude at least since game play	I nature of what was agreed to if an agreement was reached, or ability for proposed claim language deemed by Council to be as to temporarily preclude Kelly. Examiner stated opinion that as within a tournament and thus failed to preclude Kelly's miner noted that comprising failed to preclude a series of plays
allowable, if available, must be attached. Also, where no cavailable, a summary thereof must be attached.) i)以 It is not necessary for applicant to provide a separ Unless the paragraph above has been checked, THE FORM, INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MP)	EP section 713.04). If a reply to the last Office action has OM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required